

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/508.977

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12	/					
13		/				
14		/				
15		/				
16	/					
17	/					
18			/			
19				/		
20				/		
21				/		
22				/		
23				/		
24				/		
25				/		
26				/		
27				/		
28				/		
29			/			
30				/		
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						